

PUBLIC INFORMATION STANDARD REQUEST FORM

Please mail request form and payment (CHECK or MONEY ORDER) to:

Department of Consumer Affairs (DCA)

Public Information Unit, C/O Cashiering Unit P.O. Box 989004, West Sacramento, CA 95798

For Quick Shipment Deliveries (e.g., overnight, priority)

Public Information Unit, C/O Cashiering Unit 1625 North Market Boulevard, Suite S-300, Sacramento, CA 95834 Phone: (916) 574-8150 Fax: (916) 574-8603

Email: public sales@dca.ca.gov

| DC | CA USE ONLY |
|----------|--------------------|
| Req# | |
| Job# | |
| Date I | Received |
| Letter | of Intent Received |
| Date _ | |
| Initials | |

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|--|--|---|---|--|
| Requestor Information: (Pl | ease always include email | and/or fax contact information fo | r Quick Shipment requests) | |
| Name: | | Email Address: | | |
| Phone Number: | | Fax Number: | | |
| | | | eipt of your request and payment.) | |
| Shipping Information: (Ple | ase provide a mailing addre | ess for shipment) | | |
| Name: | | Company: | | |
| Address: | | | | |
| | | | Zip: | |
| Phone Number: | | Check/MO Number: | Amount: \$ | |
| with request form; otherwise, or | der will be shipped via standar | ne, account # to be billed, and shippind United States Mail. Not available delivery date for incoming packages | ng priority method. Include vendor shipping label to PO Boxes. Please provide the Public s.) | |
| Vendor: | Account #: | I | Priority Method: | |
| licensee (business or individu license type, original issue of distinction within a license ty Please refer to the "Informa A separate request must be | al) name. It includes the liddate, expiration date, date pe identifying what trade of attion and Rates" memo for submitted for each Agence | censee's full business or individurecord was last updated, and a profession is licensed) are also in more information. Exp. The cost for a Compact Disc. | resident licensees), sorted by county, then by al name, full address, city code, county code, Agency code. Some class codes (a further included for certain Agencies. (CD) or an email file is \$235.00 per Agency. ves the request form, with full payment. | |
| Requested Board/Bureau/Committee/Program: | | | | |
| ☐ This box must be checked for license numbers to be included in the data. | | | | |
| Data Output Types: (Note: M Surveyors, and Bureau of Securi ☐ CD (ASCII text format) ☐ Email File (ASCII text forma | ledical Board of California, Bo ty & Investigative Services da t) Email address: | | oard of Professional Engineers & Land e file size exceeds 65,000 records.) | |
| Special Instructions: | | | | |
| DCA USE ONLY | COST | COUNT | DATE SENT | |